

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Clark Blanchard		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Director of Advance		CB/ID NUMBER		DIVISION OR BUREAU Advance	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento		STATE CA		ZIP 95814	

MONTH YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
10-Mar	7a-8p	Sac/Hinkley/Sac				10 06		317 40	Air	9 00	24 12.00		348 46
11-Mar	3 30 PM	Sac/La Jolla	123 75			18 00		328 68	Air	20 00	12 6.00		496 43
12-Mar	3 30 PM	La Jolla/Sac		5 89	9 78		6 00		RC	108.18	12 6.00		135 85
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			123 75	5 89	9 78	28 06	6 00	646 08	0 00	137 18	48 24 00	0 00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$980.74	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

10-Mar: Site survey for Governor's visit to solar fields in Hinkley, CA.

11/12-Mar: Advance for Governor's visit to the California Chamber of Commerce's Board Mtg.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

SPGJ014

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240947

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and set:

CLAIMANT'S SIGNATURE

DATE

3.12.10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/15/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE